

Michigan Dept. of Consumer & Industry Services: Serving Michigan...Serving You

Hello and welcome to the first issue of HealthLink, the Office of Health Services' new quarterly newsletter for licensed and registered health care professionals. We're delighted to be here.

One of my primary missions as the director of the Department of Consumer & Industry Services is to make sure we are constantly communicating with the people we serve — the 1.5 million licensed/registered professionals we are responsible for and the nearly 10 million people who live, work, and play in our state. "Serving Michigan . . . Serving You" is our motto at CIS — one we take very seriously.

We serve the people of Michigan by regulating hundreds of occupations and businesses — not only to ensure they get the level of expertise they pay for, but also to provide regulatory controls when they don't.

We also serve you and the nearly 300,000 people who are licensed or registered health care professionals in this state. Not only do we provide licensing and regulation but we're always working on ways to improve customer service.

VIEWPOINT



*Kathleen M. Wilbur, Director
Consumer & Industry Services*

The Office of Health Services, its licensing/regulation boards, and its 100-member staff are dedicated to "keeping you in the loop" — with HealthLink, this new quarterly newsletter and HealthAlerts, our new advisory service on new rules and legislation that affect specific professions. In addition, our new Web site contains both of these communication services plus much more. You can access it at www.cis.state.mi.us/ohs.

I urge you to take a few minutes to read this premier issue of HealthLink. The compelling feature on the Health Professional Recovery Program is an important reminder of what can happen to health care professionals — and the safe road to recovery that is available to any of our health professionals who need it. We've also included a brief description of changes in legislation and administrative rules that have passed.

Thank you for letting us serve you — and do let us know what you think.



Pharmacy Rules Changed to Improve Patient Outcomes and Recognize Advances In Technology

It took more than two years, but the administrative rules for the Board of Pharmacy were finally approved and took effect on April 22, 1998. The review process received input from health professional groups and associations. In addition, a public hearing on the issue allowed for public and professional comment. The underlying purpose of most of the rule changes is to provide a stronger, more consistent method of operating procedures for health professionals who are authorized to prescribe, dispense, or administer prescription drugs.

Several rules were added or amended with the goal of improving patient outcomes with compliance with medications and reducing the possibility of errors. These include:

- Rule 338.479b - Requires prescribers: (1) to limit the number of prescription drugs on a form to no more than two, (2) to

limit the use of any preprinted forms to those which only contain the name of the drug being prescribed, and (3) to write non-controlled and controlled drug prescriptions on separate prescription forms.

- Rule 338.479(c) - Allows pharmacists to use Customized Patient Medication Packages (CPMP).

The CPMP allows pharmacists to dispense two or more prescribed solid oral dosage forms of medication to patients in a single package.

The rule also includes requirements for the packaging and requires the pharmacist provide instructions for the patient or caregiver on the use of the medications.

- Rule 338.490(4) - Requires pharmacists to counsel all patients and/or their caregivers

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Health Care Professionals Find the

A nurse, pharmacist and physician share their experiences

"Addiction can be a slow process and it just kind of progressed that way for me. I started diverting at the work place and then branched out into however I could get it."

— Michigan nurse now recovering from addiction since entering the HPRP

The downward spiral

The nurse quoted above used whatever she could — pills, alcohol, cocaine and, finally, Demerol and morphine from leftover syringes.

A pharmacist's gradually increasing use of various drugs started with amphetamines in college — to stay alert during all-night study sessions. He ended with a combination of oxycodone and benzodiazepines coupled with alcohol.

"The use of these combinations created a rather insidious or sneaky addiction with me," the pharmacist said. "Initially, I appeared to colleagues and family members to be functioning effectively. However, the addiction progressed rapidly with respect to my tolerance to the drugs and I needed to increase usage significantly to avoid withdrawal symptoms."

A Michigan doctor first experienced the effect of pain medications when he broke his leg at 16. He later told his licensing board, "It wasn't until years later, when I was through training and out in practice, that the progression of my disease became serious. My real problems with drug addiction began when I started taking oral pain medications after seeing patients and before sitting down to do large volumes of paperwork."

The addictions took their toll personally. The nurse got divorced and continued having problem relationships. The pharmacist also got divorced, lost a second business, filed for bankruptcy, and lost his home. The doctor was put on probation by the licensing board.

As recovering addicts, the one thing these licensees now have in common is this: They are members and graduates of Michigan's Health Professional Recovery Program (HPRP).

HPRP: Professional advocacy paid off

A number of state health associations and individuals advocated for the HPRP for years. Working with the Office of Health Services, they saw the fruits of their labor pay off. The HPRP was included in major health regulatory reform legislation which took effect in 1994.

The concept was to have an alternative to regulatory discipline. The program had to be confidential for people to voluntarily join it. As a result, Michigan's licensed health professionals with substance abuse or mental/emotional health problems can now get the help they need — without fear of losing their licenses.

The HPRP is overseen by the Health Professional Recovery Committee, a statewide committee composed of 16 members representing the licensed/regulated health care professions and two public members. The members are appointed by the licensing boards and the Director of the CIS, Kathleen Wilbur.

The committee develops the policies and procedures under which the private-sector contractor operates. This often involves addressing complex addiction and mental health issues which can be present in the health care environment.

"This is Michigan's answer to protecting the public while encouraging and supporting recovery," said Dr. Thomas Haynes, Chairperson of the Health Professional Recovery Committee and a certified fellow of the American Society of Addiction Medicine (ASAM). "This is a wonderful thing. The State has taken a radically new approach to the issues of addiction and mental illness among health care providers."



"Before the HPRP, health professionals with addictions or mental illness did everything they could to avoid coming to the State's attention," Haynes said. This often meant relying on colleagues for assistance, going underground for assistance, or avoiding the issue and ultimately risking regulatory discipline.

Confidential recovery with dignity

Under the authorizing legislation, the HPRP is run by a private sector contractor to help maintain the confidentiality of the participants. Tom Renkes, RN, MS, is the CEO of the Michigan Health Professional Recovery Corporation (MHPRC), which runs the program. He heads up the team of experienced staff members at the HPRP who work with participants in the program.

"The HPRP offers a way for health care professionals to recover, maintain their dignity, and to work under monitored conditions when their problems are stabilized. Now health professionals can get help before they harm themselves or a patient."

"Recovery isn't easy," Renkes said. "People sometimes deny they have a problem even though the signs and symptoms are there. Some resist coming into the program when they need to. Others may think that just because they have gone through intensive treatment that they have adequately addressed their problem."

For example, the nurse and the pharmacist quoted earlier recognized they had problems. They tried quitting on their own: the nurse had several cycles in detox programs and was hospitalized; the pharmacist had two stays in treatment centers followed by sporadic attendance at 12-step meetings. The doctor felt deeply trapped in an addictive cycle he described as "a painful, lonely desperation that fills one's life with

Safe Road to Recovery

turnmoil.” They all now credit their continued success in recovery and a change in their lives due — in large part — to the HPRP.

Haynes and Renkes also agreed on the biggest advantage for those who have problems: People can come into the program, recover, continue their employment once stabilized, and keep their license. Everything is confidential. This is far better than not addressing problems which can lead to impairment and subsequent regulatory discipline which is a matter of public record.

Serving the public and the professions

For its part, the Office of Health Services works with the Committee and administers the contract on behalf of the State.

“The program works,” said Thomas Lindsay, director of the Office of Health Services. “We rely on the experience of the Committee to develop sound public policy for the HPRP. And, we rely on the staff at the HPRP to make clinical determinations about a participant’s progress in recovery and ability to practice without impairment.”

Lindsay acknowledged, however, that not everyone makes it. Sometimes there’s a balancing act required.

“On one hand our office has an understanding that relapse is sometimes a part of the recovery process. On the other hand, the licensing/registration boards and our office are accountable to the public. The State and the boards take non-compliance issues very seriously.”

Generally, HPRP substance abuse participants stay in the program for three years after detoxification and treatment. During this time, the licensee or registrant is learning more about the disease and the practices needed to maintain a successful recovery. Mental health or dual diagnosis cases may be structured slightly differently but follow many of the same requirements.

In addition to learning how to manage their diseases, HPRP participants learn how to manage their lives and careers better. For example, based on what he has learned in the recovery process promoted by the HPRP, the physician offered this advice to others: “I’ve learned it is much more healthy for physicians to be in charge of the medical management of patients, to be effective leaders in the office, and to be responsible for business decisions while delegating much more responsibility to my office staff.”

HPRP changes more than one life

Sometimes licensees are angry about being reported to the HPRP, while others, like the pharmacist quoted earlier, feel it’s a necessary measure.

“Being reported was undeniably the best thing that could have happened under the circumstances. Adhering to the terms of the HPRP contract has forced me to take measures necessary to develop a strong recovery lifestyle. I needed to recover first as an individual — like any other alcoholic or addict. I also needed assistance addressing those special challenges facing all addicted health care professionals, such as potential license problems and working in a high-risk environment. Addiction is a disease that simply cannot be beaten alone. I have been clean and sober for almost three years, due in large part to the assistance of others. My personal and professional life has improved substantially in this period of time.”

The nurse quoted earlier has reclaimed her life thanks to her hard work and the HPRP.

“Just about everything in my life has changed. I kept my job, switched my unit, and am now an accountable person. I just had my four-year sobriety anniversary last November. The program saved my life. It is a positive program. It set a structure. They gave hope back to me that everything is going to be okay. And it is.”

“We are compelled with a brainstem-level drive into behaviors that we otherwise would consider unimaginable and despicable,” said the physician. “I believe the HPRP provides what is needed. It is a truly wonderful, progressive program that this state should be proud of,” he said. He has not only completed the requirements of the HPRP but also helps others to get into the program.

Dr. Douglas Macdonald, who is also certified by the American Society of Addiction Medicine (ASAM) and the chief medical officer for the HPRP, explained, “As we learn more about addiction, we are discovering that it is a disease of both personal brain chemistry as well as circumstance. Some people are more susceptible to addiction than others, just as some people are more susceptible to other diseases.”

“Addiction as a chronic disease which can be successfully treated, similar to heart disease or diabetes” according to Dr. Macdonald.

“Addiction often has both genetic and lifestyle components. Hopefully, this greater understanding is starting to lead to a reduction in the personal stigma often associated with the disorder and the pessimism about treatment.”

“My staff knows my story. They were with me before I got help and after treatment. They’ve seen first-hand how this program really helps people like me.”

— Physician participating in HPRP

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Signs To Watch For

Reporting a fellow health professional isn’t easy, but it is necessary to protect public safety. It’s also the law. Keep alert and watch for an impaired colleague who:

- Has become more irritable, defensive, moody, easily angered and defensive during normal working routines;
- Is frequently tardy or misses work because of illness or oversleeping;
- Starts missing appointments, submits work late or with unacceptable errors on an increasing basis;
- Seems to be withdrawing more, both personally and professionally;
- Has become depressed or has expressed guilt about drinking or drugs; or
- Smells of alcohol or has personal hygiene problems.

To report possible impairment, call HPRP at **1-800-453-3784**.

Safe Road to Recovery

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"I think it's helpful for people to know they're not alone in this program," said Dr. Haynes. "Of course, the numbers change every day," he continued, "but in the roughly four years the HPRP has been operating it has served nearly 750 licensees and registrants. We now have nearly 400 participants in the confidential program. The licensing and registration boards have also sent nearly 70 professionals to the contractor for regulatory monitoring. Right now another 80-90 health care professionals are in the process of being evaluated and structuring their recovery monitoring agreements to get into the program."

"The program is working," said Dr. Haynes as he pointed to the 70 graduates of the still-young program. "As more people stay in the HPRP for their designated time, we'll see even more success. There is less risk to the public. People recover and are discharged with their licenses or registrations and lives intact. Breaking the downward spiral of addictive disease or mental illness is tough and these people are to be commended."

"The disease concept of addiction has also allowed us to accept recovering health care professionals back into the workplace once their disease is under control," said Dr. Macdonald. He acknowledged, however, that employment remains an issue for some participants.

"Employers always need to evaluate their risk," he said. "However, HPRP-monitored participants may be safer than employees where addictions are not recognized or are not being monitored. We still need to do more education in this area."



"As patients, we can also have a dentist treat us who has the disease of diabetes or addiction under control," said Dr. Macdonald. "But," he emphasized, "it's our responsibility – as health care providers – to make sure we keep these diseases under control – every day."

1-800-453-3784

Editor's Note: OHS would like to thank the people who candidly shared their experiences with us.



Have You Moved?

Licensees/registrants are required to report all name and address changes within 30 days of their occurrence. Remember to provide this information in writing and be sure to include your profession and license number. Address your communication to the Department of Consumer & Industry Services, Office of Health Services, P.O. Box 30670, Lansing, MI 48909. If you want a new license to be issued with the new name or address, you may obtain a form by calling (517) 335-0918. Since this is an automated system, at the first prompt: press **2**; at the second prompt: press **2**; at the third prompt: press **1**. Please leave your request on the voice mail system to receive the appropriate form.

How to Contact OHS

By Mail:

Office of Health Services
P.O. Box 30670
Lansing, Michigan 48909-8170

By Phone:

(517) 335-0918

This is an automated telephone system that efficiently directs as many as 1,000 calls per day to the proper sections at OHS.

Requests for the laws, administrative rules and applications can be made by pushing the following numbers at each prompt — first prompt: **2**; second prompt: **1**; third prompt: **1**.

(900) 555-8374

For \$1.50 per minute, callers can verify licenses and registrations. Generally, up to three verifications can be made in a minute.

By Internet:

Web site address — www.cis.state.mi.us/ohs

The OHS Web site contains updated information to answer many of your questions. The Web site also contains copies of HealthLink and HealthAlert (our new bulletin service), provides the latest and back issues of disciplinary action reports and key telephone and fax numbers. You may also send questions or suggestions for future issues of Healthlink to OHS using the Web site by clicking on "Comments to" listed at the bottom of the home page.

HealthLink is a quarterly publication of Consumer & Industry Services — Office of Health Services. Statements and opinions appearing in this newsletter are not necessarily those of the Office of Health Services.

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HPRP: How Does It Work?

Q&A Explains the Process

Q I think my coworker has a problem. I've smelled alcohol on his breath along with other signs of drinking. He's going through a divorce and I don't want to add to his troubles. What should I do?

A You should report him to the HPRP before he harms a patient or hurts himself. You're not only acting as a friend – it's the law. The Public Health Code requires you to report any suspected impairment to the State or to the HPRP (toll-free phone number is 1-800-453-3784). The HPRP will determine the appropriate response. This reporting requirement does not apply to licensed/registered health care providers who have a bona fide provider-patient relationship with the licensee/registrant.

Q What's involved for a participant in the HPRP?

A There are several phases to the HPRP:

- **Evaluation** – The licensee/registrant is evaluated to determine if there is a drug or alcohol problem or a mental/emotional health problem that should be addressed and, if so, the level of care that is needed.
- **Agreement** – If the licensee/registrant is determined to have a problem that could cause impairment, then the staff will work with him or her to get into the program, sign a recovery monitoring agreement, and get an appropriate level of treatment. The HPRP also designs a monitored aftercare program which is reflected in the written recovery agreement.
- **Monitoring** – while in the HPRP, the participant is required to attend sessions, file reports, and submit random drug screens according to the individualized written agreement. Generally, the monitoring lasts for three years following treatment. Agreements for mental/emotional health participants may vary slightly.

Q What are the advantages to the HPRP?

A If you have a problem, there are many advantages to being in the program:

- **Early detection and intervention** – Early detection, intervention, and treatment helps to keep people from losing their jobs (and often their insurance), their licenses or registrations, and ultimately their lives.
- **High success rate** – Programs of this type which emphasize monitored aftercare experience a significantly higher success rate than do many of the traditional treatment approaches.
- **Experienced service providers** – The providers of services who

are used for referrals by the HPRP have been reviewed to ensure they have sufficient experience with health care professionals and the unique issues they may have.

- **Confidentiality** – Participation is kept confidential from the State as long as satisfactory progress is made in recovery.
- **Assistance when returning to work** – The HPRP staff will often serve as advocates for licensees/registrants who have made satisfactory progress.
- **Free** – There is no charge to the participant for the case management services provided by the HPRP staff. The HPRP contractor is paid from license fees collected by the Office of Health Services.

Q What are the disadvantages to the HPRP?

A There are three main disadvantages to the HPRP:

- **Mandatory reporting** – For an alternative-to-discipline program to work, it must protect the public. If a person is reported to the HPRP, assessed as being impaired or having the potential to be impaired, and then chooses not to participate, he or she will be turned over to the State for possible disciplinary action. Some licensees/registrants have indicated they would rather take their chances with the board than to meet the requirements of the HPRP. These health care professionals should recognize that many of the boards make similar treatment and monitoring a requirement of any probationary agreement and require the licensee to get into the program. However, at that point the regulatory action also is a matter of public record.
- **Costs** – For some people, the cost of treatment and aftercare is an issue. However, many insurance programs cover the cost of treatment, therapy or group sessions, and drug screening. This makes it even more important to remain employed.
- **Criminal charges** – Licensees/registrants should also recognize that drug diversion is also a crime. Local and federal law enforcement agencies may pursue criminal charges as well. Although some courts may consider HPRP participation to be a mitigating factor, the program is not a hiding place to escape either administrative action or criminal prosecution.

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1-800-453-3784



New Laws Affecting Health Care Professionals

One of the primary reasons for introducing HealthLink is to provide you with an update on new laws and administrative rules which may affect you. Here's a brief description of the laws passed in 1997 which affect health care professionals who are licensed or registered by the Office of Health Services. Capitol Corner will be a regular feature in HealthLink and will be updated each quarter for changes. For a complete copy of the legislation, contact the Office of Health Services (see page 4).

Professional service corporations

An amendment to the Professional Service Corporation Act (PA 139 of 1997) allows physicians and surgeons, licensed under the provisions of the Public Health Code, to form professional service corporations.

Anti-glaucoma drugs

Optometrists can now administer anti-glaucoma drugs under PA 151 of 1997. The new law also requires an optometrist to consult with an ophthalmologist on a patient's initial glaucoma treatment plan. Additionally, it requires an optometrist to consult with a physician if a patient has acute glaucoma.

Out-of-state prescribers

Under PA 152 of 1997, Michigan pharmacists may now fill certain prescriptions written by out-of-state prescribers. The new law also allows out-of-state prescriptions for controlled

substances if the prescriber is in an adjacent state (Ohio, Indiana, or Wisconsin).

Complimentary starter doses

To address concerns about patient misuse of starter doses, PA 186 of 1997 added a requirement for information to be given to a patient. Prescribers who provide complimentary starter doses of drugs must now provide the following information in writing:

- directions for the patient's use
- name and strength of the drug
- expiration date of the drug or an expiration statement.

Generally, the prescriber will need to provide only the directions for the patient's use since the other two items are usually contained on the starter dose medication as packaged by the manufacturer. The information may be provided as a label to be attached to the complimentary starter dose or as a separate written statement. The final version of this legislation did not limit the complimentary starter dose to 72 hours.

Client contact hours for marriage and family therapists

Marriage and family therapists can now complete required supervised client contact hours either: (1) after all required course work has been completed, or (2) concurrently with relevant course work under PA 188 of 1997.



Rule Changes

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in order to encourage compliance with medication regimens and minimize unintended drug interactions or side effects.

- Rule 338.490(5) - Requires pharmacists to determine the tasks and knowledge required prior to the delegation of tasks to a pharmacy technician as well as the knowledge and skills required of the technician to safely perform the task.

"The Customized Patient Medication Package (CPMP) was one of the most positive patient care issues that we addressed in this rules revision," stated Thomas Lindsay, director of the Office of Health Services.

Other changes in the rules were made to acknowledge the increased use of technology for modern business practices. Some of these are

fairly detailed. Any person or business who is interested in the revisions is encouraged to review Rule 338.480a, Rule 338.481, and Rule 338.486.

Under Rule 338.47(b), the board also changed the requirements for pharmacists whose licenses have lapsed — with differences between those whose licenses have lapsed for less than three years or more than three years.

The Office of Health Services issued a HealthAlert on the rule changes in late June to all licensees who are affected by the rules. Other individuals interested in obtaining a copy of the new rules should refer to page 4, for information on contacting OHS.



HealthLink Answers Frequently Asked Questions

Q From a physician: Do I have to give patients their medical records upon request?

A Physicians and hospitals actually own the record. It is against the law to deny patients access to their records, except for mental health records. However, patients have the right to review and copy their health records. You may charge for copying the records for them.

Q From a pharmacist: I filled an emergency order over the phone but the doctor hasn't followed up with the written prescription. What should I do?

A Although not required, we presume you have made at least one reminder request to the doctor's office. If this doctor hasn't responded, you should notify the OHS - Regulatory Division, at P.O. Box 30454, Lansing, MI 48909.

Q From an optometrist: Do I have to give contact lens prescriptions to patients?

A Yes and no. You must give patients their prescriptions, that is, any measurement you have determined as if the patient were to be fitted with eyeglasses. However, you do not have to give them their "K" readings for contact lens fittings.

General questions: Licensing and renewal of licenses/registrations:

Q There are several numbers on my license/registration. Which number is my official license or registration number?

A Your license or registration number is referred to as the "Permanent I.D. No." on your license.

Q How do I change my name or address?

A Michigan law requires licensees/registrants to report name and/or address changes within 30 days of their occurrence. Submit your name or address change in writing to the Office of Health Services, P.O. Box 30670, Lansing, MI 48909.

New licenses are not automatically issued for name and address changes. If you also want your license(s) reissued, you must submit a fee of \$10.00 for each license to be reissued.

It is important to note that renewal notices for your license/registration are mailed to the last address on record.

Q I never received my renewal card. Why do I need to pay the late fee?

A It is the responsibility of the licensee/registrant to make sure that his or her license is renewed – whether a renewal card was received or not. After the expiration date of a license or registration, the licensee/registrant has 60 days in which to renew the license or registration by paying the renewal fee plus the late fees associated with the license(s) or registration(s) held. If the license or registration is not renewed by the end of the 60-day grace period, the license or registration is lapsed and the licensee/registrant must apply for relicensure.

Q I lost my license. How do I get a duplicate?

A If your license or registration has been lost, stolen, or destroyed, you can get a duplicate license/registration. You must make your request in writing and submit \$10 per license/registration.

Q I work in more than one location. How can I have my license on display in all of my work sites?

A You can photocopy your professional license/registration. However, if you have a controlled substance license, you must apply for an additional license for each work site. Call (517) 335-0918 and request an application for an "additional location" controlled substance license.

Q Why is my first license/registration valid for less than one year?

A OHS has renewal cycles for each type of license and registration. The license/registration you initially receive is valid only until the next renewal period for your profession. After your first renewal, your license/registration will be merged into the regular renewal cycle for your profession.

Q What methods of payment are accepted by OHS?

A OHS accepts fee payment by cash, personal check, cashier's check, or money order. However, as with any state office or business, we request that you do not send cash through the mail.

A Look at Regulatory Boards at OHS

Each issue of HealthLink will highlight a few OHS licensing boards. This issue features three:



BOARD OF MEDICINE

Since 1889, the Board of Medicine has been responsible for determining minimal entry level competency and continuing medical education for licensure as well as disciplinary regulation for M.D.s. In 1978 the authority for the Board of Medicine was transferred to the Public Health Code. The Board now regulates more than 31,200 M.D.s.

That practice of medicine, as defined in the Public Health Code, includes the diagnosis, treatment, prevention, cure or relieving of human disease, ailment, defect, complaint or other physical or mental condition by attendance, advice, device, diagnostic test or other means of offering, undertaking, attempting to do, or holding oneself out as able to do any of these acts.

The Michigan Board of Medicine consists of 19 members which include 10 medical doctors, one physician's assistant and eight public members.

Professional Members:

Douglas A. Mack, M.D., M.P.H., Grand Rapids — Chair
Susan C. Noble, M.D., Traverse City — Vice Chair
John G. Girardot, M.D., Battle Creek
Gregg Haskell, P.A., Houghton Lake
Roger H. Hertz, M.D., Birmingham
Melvin L. Hollowell, M.D., Detroit
Linda S. Hotchkiss, M.D., Detroit
Kenneth McNamee, M.D., Monroe
AppaRao Mukkamala, M.D., Grand Blanc
Harold J. Sauer, M.D., Okemos
Demetrio Timban, M.D., Harbor Beach

Public Members:

Gwen Andrew, Haslett
Anne Armstrong, Grand Rapids
Preeti Gadola, Haslett
Nancy Hillegonds, Plymouth
Kathryn Lawter, Columbiaville
Augustin Martinez, Jr., Rochester Hills
Robert Neldberg, Marquette
Harold Schuitmaker, Paw Paw



BOARD OF OSTEOPATHIC MEDICINE & SURGERY

Originally formed in 1903, the authority for the Michigan Board of Osteopathic Medicine & Surgery was also transferred to the Michigan Public Health Code in 1978. The practice of osteopathic medicine and surgery, as defined in the Public Health Code, means a separate, complete and independent school of medicine and surgery, utilizing full methods of diagnosis and treatment in physical and mental health and disease including the presentation and administration of drugs and biologicals, operative surgery, obstetrics, radiological and other electromagnetic emissions and placing special emphasis on the interrelationship of the musculoskeletal system to other body systems. Currently, the Board regulates 6,200 D.O.s.

This Board is also responsible for protecting public health safety and welfare by ascertaining minimal entry level competency, requiring continuing medical education for licensure and imposing appropriate sanctions for violations of the Public Health Code.

Nine voting members comprise this Board, including five osteopathic physicians, one physician's assistant and three public members.

Professional Members:

Lewin Wyatt, Jr., D.O., Flint — Chair
Tammy Geurkink-Born, D.O., Calendonía — Vice Chair
Vaughn J. Begick, P.A., Saginaw
Richard E. Griffin, D.O., East Lansing
Ronald Rhule, D.O., Williamston
Susan M. Rose, D.O., Brighton

Public Members:

Michael K. Helmer, Bloomfield Hills
Patricia A. LaBelle, Traverse City
Kathleen A. Thrall, Watersmeet



BOARD OF PHARMACY

The oldest of OHS's regulatory boards, pharmacy has been regulated longer than the physicians who write the prescriptions. Since 1885, the Board has protected the public by interpretation and evaluation of prescriptions, ensuring the safe storage and distribution of drugs, maintaining records and advising prescribers and patients regarding possible adverse effects from prescription drugs. The Board is also in charge of regulating, controlling and inspecting pharmacy practices in Michigan.

Interestingly, this is the only board which regulates both health care licensees and the physical areas in which they work — that is, this board grants licenses for both pharmacists and pharmacies. More than 11,000 pharmacists and nearly 2,500 pharmacies and wholesalers are licensed in Michigan and regulated by this board.

Eleven people serve on the Board, including six licensed pharmacists and five public members:

Professional Members:

Sheldon Rich, R.Ph., Troy — Chair
Douglas A. Miller, R.Ph., Plymouth — Vice Chair
Stephen W. Durst, R.Ph., Portage
Thomas R. Gahan, R.Ph., Canton
Calvin Helmick, R.Ph., Lansing
George Panches, R.Ph., Clare

Public Members:

James Buck, Grandville
Bonita Gibson, Newberry
Michael E. Kelly, Flint
Joyce E. Parker, Farmington Hills
Gretchen Pretty, Kalamazoo

